



Illinois Environmental Protection Agency JUL 19 2004

1021 North Grand Avenue East, P.O. Box 19276, Springfield, Illinois 62794-9276, \$17-782-3397 James R. Thompson Center, 100 West Randolph, Suite 11-300, Chicago, IL 60601 Ac05-03

ROD R. BLAGOIEVICH, GOVERNOR

RENEE CIPRIANO, DIRECTOR

(217) 782-5544

TDD: (217) 782-9143

July 14, 2004

The Honorable Dorothy Gunn, Clerk Illinois Pollution Control Board State of Illinois Center 100 West Randolph, Suite 11-500 Chicago, IL 60601

Re:

Illinois Environmental Protection Agency v. City of Freeport and Ryan Wilson

IEPA File No. 309-04-AC

1770200015-Stephenson County

Dear Clerk Gunn:

Please be advised that service was had on Respondents, City of Freeport and Ryan Wilson, on July 12, 2004. In order to avoid default, a Petition for Review must be filed with the Illinois Pollution Control Board on or before August 16, 2004.

Copies of the returned Certified Mail Receipts are attached hereto.

Sincerely,

Michelle M. Ryan

Assistant Counsel

Attachment

BEFORE THE ILLINOIS POLLUTION CONTROL BOARDLERK'S OFFICE

JUL 19 2004

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY,)	STATE OF ILLINOIS Pollution Control Board
•)	AC 05-03
Complainant,)	AC VS
v.)	(IEPA No. 309-04-AC)
CITY OF FREEPORT and RYAN WILSON) N,)	
Respondents.))	

NOTICE OF FILING

To:

Latacia Ishmon, City Clerk

City of Freeport 230 West Stephenson Freeport, IL 61032 Ryan Wilson, P.E.

Fehr-Graham and Associates

221 E. Main Street Freeport, IL 61032

PLEASE TAKE NOTICE that on this date I mailed for filing with the Clerk of the Pollution Control Board of the State of Illinois the following instrument(s) entitled CERTIFIED MAIL RECEIPT.

Respectfully submitted,

Michelle M. Ryan

Special Assistant Attorney General

Illinois Environmental Protection Agency 1021 North Grand Avenue East P.O. Box 19276 Springfield, Illinois 62794-9276 (217) 782-5544

Dated: July 14, 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Latacia Ishmon City Clerk 	A. Signature X. Agent Addressee Received by (Printed Name) C. Date of Delivery Discreption of the property
City of Freeport	
230 W. Stephenson Freeport, IL 61032	3. Service Type
(AC 309-04)	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number Transfer from service ial 7002 3150	0000 1258 9076
	And the state of t
SENDER: COMPLETE THIS SECTION	
SENDER. COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, 	A. Signature X. Manual Laboratory Addressee B. Received by (Printed Name) C. Date of Delivery 7-12-57
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. 	A. Signature X Name L School Agent Addressee B. Received by (Printed Name) C. Date of Delivery 7-12-57 D. Is delivery address different from item 1? Yes
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Ryan Wilson, P.E. Fehr-Graham & Associates 221 E. Main Street	A. Signature X Namu L Shutt Addressee B. Received by (Printed Name) C. Date of Delivery 7-11-57
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Ryan Wilson, P.E. Fehr-Graham & Associates 	A. Signature X Name L School Agent Addressee B. Received by (Printed Name) C. Date of Delivery 7-12-57 D. Is delivery address different from item 1? Yes
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 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. Article Addressed to: Ryan Wilson, P.E. Fehr-Graham & Associates 221 E. Main Street Freeport, Illinois 61032 	A. Signature X

PROOF OF SERVICE

I hereby certify that I did on the 14th day of July 2004, send by U.S. Mail, with postage thereon fully prepaid, by depositing in a United States Post Office Box a true and correct copy of the following instrument(s) entitled CERTIFIED MAIL RECEIPT

To:

Latacia Ishmon, City Clerk

City of Freeport 230 West Stephenson Freeport, IL 61032 Ryan Wilson, P.E.

Fehr-Graham and Associates

221 E. Main Street Freeport, IL 61032

and the original and nine (9) true and correct copies of the same foregoing instruments on the same date by Certified Mail, Return Receipt Requested, with postage thereon fully prepaid

To:

Dorothy Gunn, Clerk
Pollution Control Board
James R. Thompson Center

100 West Randolph Street, Suite 11-500

Chicago, Illinois 60601

Michelle M. Ryan

Special Assistant Attorney General

Illinois Environmental Protection Agency 1021 North Grand Avenue East P.O. Box 19276 Springfield, Illinois 62794-9276 (217) 782-5544